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Facsimile Cover Sheet

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DATE: June 14, 2006

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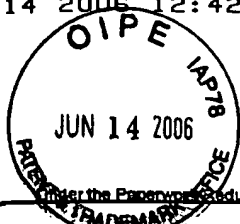
NUMBER OF PAGES INCLUDING THIS COVER SHEET: 6

SUBJECT: Application No. 10/600,899
Attorney Docket No. Samuelson-001

This facsimile includes the following documents:

- 1) Facsimile Cover Sheet
- 2) Transmittal Form
- 3) Issue Fee Transmittal
- 4) Credit Card Payment Form
- 5) Comments on statement of reasons for allowance (2 pages)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number	10/600,899
Filing Date	6/12/03
First Named Inventor	Samuelson
Art Unit	2856
Examiner Name	Fitzgerald, John
Attorney Docket Number	Samuelson-001

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Facsimile Cover Sheet -Issue Fee Transmittal -Credit Card Payment Form -Comments on Statement of Reasons for Allowance (2 pages)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Timothy Ellis, Patent Attorney		
Signature	<i>Tim Ellis</i>		
Printed name	Timothy Ellis		
Date	6-14-06	Reg. No.	41,734

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Tim Ellis</i>		
Typed or printed name	Timothy Ellis	Date	6-14-06

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UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 10/600,899

Confirmation No. 6805

Filing Date: 6/19/2003

Inventor: Samuelson

Attorney Docket No. Samuelson-001

Title: Leak Detector

Group Art Unit: 2856

Examiner: Fitzgerald, John

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COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The applicant respectfully submits the following comments in response to the examiner's statement of reasons for allowance. The applicant submits that there are alternative bases for the allowability of the claims, which are not stated by the examiner. Also, the applicant does not necessarily agree with the examiner's wording concerning the claims, because the examiner has paraphrased the claims rather than using the exact wording of the claims. Further, the applicant does not necessarily agree with the

Docket No. Samuelson-001
App. No. 10/600,899

examiner's characterization of U.S. Patent No. 4,081,638 to Thorn et al.

Respectfully submitted,



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